Membership Application			
Name:		Birthdate:	
Street:			
City:	State:	Zip:	
Phone:	Email:		
Do you wish to be on mailing list? yes No	If "yes", preferred method Digital or Printed via email Copy	Family Names:	
Membership fee Submitted	Date: Who i	invited you to the cause?	
(Office use) Group	140 S. Lal	<b>EIYUKAI AMERICA</b> ke Ave., Ste. 218, Pasadena, CA 91101 356-8055 Email:reiyukai@reiyukai-usa.org	

Membership Application			
Name:		Birthdate:	
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